

THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMOEOPATHIC MEDICAL COLLEGE.

VOLUME II.

NEW YORK, DECEMBER 30TH, 1885.

NUMBER 5.

THE CHIRONIAN.

VOL. II.

DECEMBER 30TH, 1885.

No. 5.

EDITORS:

E. H. PORTER, M.D., *General Manager.*

G. T. HAWLEY, *Managing Editor.*

ASSOCIATE EDITORS:

O. G. HUNT,

L. A. MARTIN,

A. M. RITCH,

G. W. McDOWELL,

W. S. HALL,

E. E. KEELER.

W. T. HUDSON, *Business Manager.*

A. C. STEWART, '87, *Assistant Business Manager.*

TERMS:

Per annum, in advance, \$1.50. Single copies, 15 cents.

All communications should be addressed to THE CHIRONIAN, N. Y. Hom. Med. College, 23d Street and 3d Avenue, N. Y. City.

Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer.

The editors are not responsible for opinions of contributors.

Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

OF all the old festivals that of Christmas awakens the strongest and most heartfelt associations. Its influence, gentle and persuasive, yet mighty, reaches many lands, affects many hearts. The return of Christmas is also the return of happy memories and jubilant hopes. Its coming shines afar. In the mature beauty and golden glory of autumn, in the fairy-like and mysterious haze of Indian summer, the radiance of the hallowed festival is seen. Thanksgiving's joy and felicity are increased, and the sense of thankfulness for blessings is heightened by perceiving the Star of the East again rising in splendor. As the days go swiftly by and the earth exchanges its brown and sombre garb for that soft and spotless mantle that so noiselessly enwraps and purifies, each crystal as it falls gives forth such clear mild light of brilliant purity that it surely must be the reflected glory of that great light that guided the wise men of old. And how old customs—the quaint humors, the burlesque pageants, the complete abandonment to mirth

and good fellowship with which this festival was celebrated come to mind! And how old tales and traditions seem to gain in power and vividness and to tell nothing that is false! And so it may be that at midnight on a cold and crisp December evening you may catch the sound of the wails or see outlined the reindeer team with their beneficent driver. But there is something in the very season of the year that gives a peculiar charm to Christmas festivities. At other times nature appeals to us more forcibly and spreads her various charms before us to allure. The song of the bird, the murmur of the stream, the deep impenetrable blue of the over-arching sky, the magnificent panorama of the clouds, the balmy and enticing air, laden with the perfumes of summer—all these tend to dissipate our feelings and diminish social intercourse. But in the winter, when nature lies despoiled of every charm, wrapped in her shroud of sheeted snow, we turn for our gratification to moral sources. Enjoyment is heightened by contrasting the warmth and glow within and the darkness and cold without. What can be more grateful than the sense of sheltered security, when the eager and bitter wind roars and whistles down the chimney, shakes the casements, slams a distant door, and dies away in a dismal moan. It is then that we feel the charm in each other's society, and are brought more closely together by dependence on each other for enjoyment. And it is an especially beautiful arrangement by which the commemoration of the announcement, "Peace on earth, good-will to men," should be also the season for gathering around the domestic hearth those who had wandered afar off, and drawing closer those ties which the pleasures and sorrows and cares of this world are constantly operating to cast loose. But, over all and above all, it is the spirit which prevails and pervades that gives to Christmas its significant and potent charm. The true joys of these festival days lies not in

the richness or profusion of gifts, nor in the generous board groaning 'neath its load, nor in the fire of hospitality in the halls, but in the genial flame of charity kindled in the heart. "Surely, happiness is reflective, like the light of heaven; and every countenance bright with smiles, and glowing with innocent enjoyment, is a mirror transmitting to others the rays of a supreme and ever-shining benevolence. He who can turn churlishly away from contemplating the felicity of his fellow beings, and can sit down darkling and alone when all around is joyful, may have his moments of strong excitement and selfish gratification, but he wants the genial and social sympathies which constitute the charm of a merry Christmas." Again we hear the chimes bearing to each ear their message of peace and love; and to those whose spirits are attuned there comes a faint refrain of these celestial harmonies ringing forth eternally—Peace and Joy. THE CHIRONIAN wishes all its readers a most merry Christmas and a happy New Year.

MANY medical journals are issued monthly, semi-monthly or quarterly. The publishers of these papers and magazines will doubtless be interested in knowing something about the great injustice of the present postal law, and it may interest our readers to know something about postal charges and customs.*

The postage on second-class matter—*i. e.*, regularly issued periodicals not primarily devised as advertising sheets of a business—is one cent a pound. This postage is sufficient to carry a paper anywhere, with one exception; and in that exception lies great injustice to publishers. If the paper happens to be published at a place where there is a carrier delivery, it can be mailed to any point outside of that place for one cent a pound; but if sent to an address in the place, it requires one cent for two ounces. In this respect the law is not astonishing, for the reason that it might be impracticable for carrier offices to deliver any mail at so low a rate as one cent a pound. The law, however, does not stop here,

but proceeds to admit one set of papers (*viz.*, weeklies) at the pound rate.

Therefore, if a publisher happens to be issuing a weekly at New York, all his mail is taken at one cent a pound; if he happens to issue a monthly, a fortnightly or a daily, he must pay one or two cents on each paper delivered in New York, but only one cent for a pound of papers going to San Francisco, Brooklyn, Boston, New Orleans, or other points outside of New York.

This is manifestly unjust, there being no good reason why a weekly publication should be favored specially.

The theory of the law that the Government encourages the production of papers as educational agents, and that weeklies comprise the bulk of legitimate and beneficial publications is absurd upon an examination of facts. By discriminating in favor of weeklies and against all others, such publications as

Harper's Magazine,

Cassell's Magazine,

Lippincott's Magazine,

The Atlantic Monthly, etc., etc.,

are excluded from the privileges extended to weeklies. These publications certainly benefit the public as much as any of the weeklies. Theoretically the law is unjust; practically it imposes an excessive tax on publishers who issue monthly papers, and in consequence gives undue advantages to publishers of weeklies.

In the present instance the objections to a uniform rate are more numerous than convincing to the publisher, who is bearing the burden of an unjust law. To understand the situation, a few illustrations may be taken.

One thousand copies of *Harper's Magazine* weigh about 700 pounds. The postage on these at the present rate is, if delivered by the cheapest possible means (private firms of carriers who work in competition with the post-office, and find it profitable to do so), would be one cent each, or ten dollars. If the post-office carries them it would be two cents for each magazine. As a number weighs over two ounces, the postage would be twenty dollars. If the magazine happened to be a weekly, [*e. g.*, Franklin Square or

* Our facts are obtained from the *Art Age*.

Seaside Libraries,] it would be carried by the post-office for seven dollars. Therefore, on every 1,000 copies of the magazine which are delivered the publishers are forced either to employ some irresponsible private firm, or submit to a tax of \$13 for the privilege of being delivered by the Post-Office as weeklies are delivered.

Many weeklies weigh nearly as much or more than any one magazine and almost every four copies of a weekly—*i. e.*, the aggregate issues of one month will weigh more than any of the monthlies.

Every issue of the *Iron Age*, as a weekly, weighs about as much as a single copy of *Harper's Magazine*. Still, the *Iron Age* is delivered in New York City for one cent a pound. The *Art Age*, *The Art Amateur*, *Art and Decoration*, and many others all weigh less than every number of the *Iron Age*, but they pay two cents a copy postage, and it pays one cent a pound. The *Art Age* is delivered through the post-office. The postage on 1,000 subscriptions to city addresses aggregates in a year \$240. If the *Spirit of the Times* were to pay the same rate of postage on its weekly edition, its postage bill on 1,000 subscriptions would be \$1,040 annually. It pays, in fact, less than \$100 for over five times the same total bulk weight as the *Art Age*.

Each publisher knows his own situation in this matter, and figures tell him that, unless his periodical is one of the fortunate weekly class, he is paying comparatively an exorbitant sum for post-office service, while others get similar service on much easier terms. Congress, at its coming session, should remedy this injustice, and make the rate on papers uniform, whether they are weeklies or not.

PRETTY woman was made to put astonishing garments on, while ugly man was destined merely to pay for them. There is no use in mincing words on a subject like this.

"NEHEMIAH, compare the adjective 'cold,'" said a school-mistress to her head boy. "Positive, cold; comparative, cough; superlative, coffin," triumphantly responded Nehemiah.

Maferia Medica.

Indications for Remedies Most Useful in Acute Coryza.

IN no department of medicine is the action of drugs more gratifying than that which follows the application of a well-indicated remedy to abnormal conditions of the mucous membranes. Physician as well as patient are often surprised at the promptness with which these membranes regain their normal tone under homœopathic medication; and had homœopathy done nothing more than to indicate the proper mode of treatment of these important membranes, it would merit the approbation of all who are benefitted thereby.

It is often said that our remedies will do no harm, even if given when not indicated; and thus loose prescribing is excused, treatment is unsuccessful, and true medicine suffers.

Now, it cannot be too well understood that drugs are potent for evil, as well as powerful for good.

The administration of a wrong drug will do no good, and, by doing no good, does harm.

Let us prescribe no remedy for which we can give no well-founded reason.

In the first stage of acute coryza, Aconite is the chief remedy where there is a chill followed by fever, with burning heat of body, face red, or one cheek red, the other pale, the nose is swollen, dry and stopped, and the stoppage changes from side to side; finally there is a thin, watery discharge from the nose.

There is tingling and burning in the nose, unquenchable thirst, and a feeling as though everything would push out of the forehead. Aconite is especially indicated if the attack was caused by exposure to cold, dry winds.

ARSENIC.—Acute coryza, acrid discharge relieved by open air, burning in eyes and nose, patient is restless, but weak; distressing stoppage at bridge of the nose, thirst for sips of water.

IODINE.—Acute coryza with sneezing; discharge is burning, tendency to high fever with

heavy pain in forehead, lachrymation and easy perspiration.

ALLIUM CEPA.—This is probably the best remedy for a cold in the head. The discharge is profuse and acrid, there is smarting in the eyes and nose, the discharge from the nose is thin and flows constantly, there is prolonged sneezing, especially in a warm room, the discharge ceases in the open air, only to return upon entering a warm room again.

Allium Cepa has also an abundant excretion of bland tears, although there is burning in the margins of the lids. The lips and nose are excoriated, eye balls red and sensitive to light. A sensation on coughing as though the larynx will split open is very characteristic of this drug.

Allium Cepa should be given early in the attack.

EUPHRASIA OR EYE BRIGHT.—Fluent bland discharge from the nose, corrosive, biting lachrymation, cheeks become sore, the tears are so profuse that the cheeks are wet all the time.

ARUM TRIPHYLLUM.—Discharge of ichorous fluid from the nose, nostrils, and lips sore, all secretions are acrid, pulse full and bounding.

There may be a thick, yellow, acrid, discharge from both nose and eyes. Patient is thirsty, but drinking causes great pain.

PHYTOLACCA.—This drug has a discharge from one nostril, the other being stopped. This stoppage affects both nostrils on riding in the open air.

There is a feeling in the head and eyes as though a cold were coming on.

GELSEMIUM.—The power of this remedy in the early stage of acute coryza is usually under-estimated.

There is no remedy which will more quickly break up the beginning of a heavy cold than Gels.

It has fulness in the head, hot fever, and patient is chilly, as often seen just before a cold is coming on.

There is coryza (catarrhal) with sneezing; patient is dull and weak; chills run up and down the back; inclination to remain near a fire all the time.

NUX VOM.—Copious acrid coryza from obstructed nose; fluent coryza during the day, with stoppage at night.

Coryza agg. in morning, or after eating, with scraping in the nose and throat.

Cold in the head from over-eating; coryza agg. by warmth, and rel. by cool air.

MERCURY SOL.—This is an important remedy in this connection. Its indications are: profuse coryza, extending to the frontal sinuses, burning in the eyes, violent sneezing, acrid coryza, nostrils red and inflamed, intense frontal headache, tending to perspiration, which aggravates the patient when it comes; also agg. at night. (Kali Iodatum has great distress in the frontal region, but is agg. at 3 or 4 A.M.)

Pulsatilla is useful in the last stage, when the discharge is thick, green, or yellow; loss of taste and smell; no thirst, and patient gets relief from the open air, although he is apt to be chilly.

Surgery.

Surgical Clinics

AT THE COLLEGE, DECEMBER 9, 1885.

I.

CASE 1.—Mr. J. P. R., a patient of Dr. Lambert, felt a small abnormal growth in the centre of his tongue about one year ago. It gave him no particular inconvenience until after it had been lanced by a physician, when three or four small excrescences made their appearance. He then had some difficulty in articulation and considerable salivation. He could give no apparent cause for the growth. His habits were good, and he knew of no hereditary disease in his family, with the exception that an uncle died with some form of cancer about the neck. The growth was subject to periodical exacerbations. Prof. Helmuth made an examination, and found the tongue very much hypertrophied and infiltrated with the disease circumscribed, and pronounced it a chronic interstitial inflammation

involving not only the connective tissue of the mucus membrane, but also the muscular structure of the tongue. Kali. Iod. was prescribed for him in doses of seven gtt, to be taken after each meal, with albuminous and easily digested food as diet, and advised to return in three weeks.

CASE 2.—Mary R., aged 12 years, had considerable difficulty in the usage of her right arm. On examination, the bursa of the elbow was found enlarged. The aspirator was introduced and a sanguineous fluid withdrawn, caused from a rupture of the blood vessels, which gave the enlargement the appearance and some of the characteristics of a sanguineous cyst. A compress was applied and ten gtt of mezereum in half a glass of water was prescribed. A tablespoonful to be taken internally every two hours, and advised to keep the arm as quiet as possible.

CASE 3.—Charles H. suffered considerable from an inflammation and hypertrophy of the nose, with some difficulty in breathing. Prof. Helmuth noticed an enlargement of the mucus membrane of the turbinated bones, and owing to the insufficient light the patient was advised to call in the dispensary and have a thorough rhinoscopic examination by Prof. Beebe.

CASE 4.—Child two years of age was brought by its mother, who said the child's "collar-bone was in its neck." Upon questioning it was learned that the child had had a fall. Professor Helmuth, in rendering his diagnosis of green stick fracture of the inner third of the clavicle, elaborated somewhat upon green stick fractures, and their frequent occurrence on young bones, and illustrated the peculiar features of the fracture by the forcible bending of a green stick, in which the external fibres are broken, while the internal portion remain intact. This case, presenting no deformity, and no inconvenience being experienced, no treatment was required and the patient discharged.

CASE 5.—Fred Z., aged thirteen years, had been treated for the past six months for periostitis of the tibia. He presented several cicatrices in different parts of the body, some of which were there sult of suppuration, while others appeared simultaneously without any previous symptoms. This was a very rare case. The

disease had steadily progressed, and the spinal column was beginning to yield to the effects of the morbid process, and symptoms of paralysis were manifest.

Professor Helmuth prescribed Nux Vomica, one drop of the tincture in a teaspoonful of water, to be taken after each meal, and advised the rubbing of the spine with a solution of Nux, one quart of alcohol to one drachm of the tincture of Nux Vomica, well shaken, and vigorously applied with flannel.

II.

CASE I.—Emma J., aged twenty-four. Swelling on right side of face below inferior maxillary bone. She had received no injury, but complained of her constitution being somewhat undermined owing to the fact that she was compelled to be on her feet ten hours a day as saleswoman in a large retail store in the city.

Prof. Helmuth denounced the barbarous custom of compelling saleswomen to stand during working hours, whether active duty required it or not, and believed the day was not far distant when a radical reform in the treatment of human beings would be instituted, and they would not be obliged to perform their labors on a level with the lower animals. Her family history was good. The diagnosis was—enlargement of the cervical glands, known as an Adenoma. She was put on medical treatment, and Calcarea Carb. 3x was prescribed, one powder of three grains each, to be taken three times a day, and was advised to drink a glass of beer at dinner, and during the day take three tablespoonfuls of Trommer's Malt extract, and call again in three weeks.

CASE II.—Henry K., aged 10, first complained of toothache. Afterwards a boil appeared under the eye, which discharged and gave considerable trouble. Professor Helmuth probed the seat of trouble and found a caseous condition of the lower ramus of the orbit. The patient, not being in a proper condition for an operation, was advised to appear again the following Wednesday.

CASE III.—Mr. William MacR. received a bad sprain of the right arm two weeks ago by the

accidental turning of a large dry-goods box which he was handling. His hand was forcibly supinated, which strained the lateral ligaments and caused the laceration of the fibrous membranes. His arm was slightly inflamed, and he complained of more pain at night, which is characteristic in fibrous inflammations. Professor Helmuth advised him to keep up a gentle and constant motion of the hand, and shower it with cold-water, then apply friction. If the sprain had occurred in a larger joint, he would advise the complete cessation of motion in the afflicted portion for ten days.

CASE IV.—Patient was present at the clinic last week, and presented an abscess of the neck which, owing to its frequent discharging, was injected with iodine to stimulate the granulations, but owing to the thickened pyogenic membrane, the iodine lost its effect. Professor Helmuth advised the obliteration of the inside sac of the membrane by cauterizing it, which was done. It was then dressed, and patient to return in a few days to have it packed and further dressed.

AT THE HAHNEMANN HOSPITAL.

III.

SUPRA VAGINAL HYSTERECTOMY FOR UTERINE FIBROID.—Mrs. B., aged forty four, presented with an enlarged abdomen, the cause of which proved on examination to be an abdominal tumor, from which she had complained a long time. The tumor was quite movable, and from its large size had given her considerable trouble. Prof. Helmuth inserted an aspirator into the tumor, which on its withdrawal presented no signs of fluid, which quite satisfied him that it was not a cyst, but a fibroid of the uterus. The antiseptic precautions were thoroughly carried out preparatory to the operation. The operating-room was fumigated with the vapor arising from a solution of carbolic acid. The solution (1 to 40) was placed in a large bottle, and this being placed in a vessel of boiling water, produced the fumes, which process was continued through the operation.

Carbolic Acid spray was dispensed with

owing to the fact that it causes the abdomen to become cold. Everything being in readiness and the patient anesthetized, the assistant first cleansed the abdomen with soap and water, then washed the parts with a saturated solution of ether and iodoform. Prof. Helmuth then made an incision through the integument in the median line about four inches long, between the umbilicus and symphysis-pubis. He then deepened the wound by cutting through the adipose tissue, and after ligating a few small arteries, caught up the fascia of the recti and peritoneum, and with the director as a guide, made an incision through them. The abdominal cavity was then explored with a sound, but no adhesions were found to exist. A little ascitical fluid was found, which was soon removed by the use of sponges. The left ovary was discovered behind the tumor undergoing cystic-degeneration, and was removed. The right ovary could not be found because of the adhesions, which existed posteriorly to the tumor. The tumor was then turned out (it weighed about ten pounds), and Tait's clamp was applied around the pedicle. Some elastic ligatures were then tied underneath the clamp. Below these were placed two steel pins to prevent the slipping of the pedicle into the abdominal cavity. The body was then relieved of the tumor, which was a perfect fibroid, and the stump being cauterized with Pacquelin's Cautery (more properly called Thermo-Cautery) was fastened outside to allow it to slough away. During the operation the cavity of the abdomen was kept perfectly free from blood. Every particle of blood and fluid was carefully removed, the wires turned down, and the surface sprinkled with iodoform. Over this a piece of protective was lain, upon which two large wads of sufficient size to cover the entire abdomen were placed. These compresses were over an inch thick of prepared borated cotton, overlaid with conisove sublimated gauze. On top of these another piece of antiseptic protective was placed, and the whole kept firmly in place with an abdominal antiseptic bandage. This patient is now on her twenty-first day, and has never, but on one occasion, had a temperature above 100°—the average being 99°.

IV.

HYSTERECTOMY FOR UTERINE MYOMATA.

The lady was a patient of Dr. Belden's, and was suffering from a tremendous inflammatory action on right side. Prof. Helmuth was called in, and on examination found an enlargement of the abdomen, with very perceptible fluctuation, and her lower extremities swollen greatly. He aspirated and obtained a quantity of blood, which coagulated immediately. This led him to suspect that the lady was suffering from a hæmatocele. Prof. Dillow was given a sample for microscopic analysis, and rendered a diagnosis of a fibro-cystic tumor undergoing rapid degeneration. The patient was operated on at the Hahnemann Hospital as a last resort, with a pulse of 140 and temperature of 104°. The operation was very bloody and prolonged, and the shock which she suffered from was tremendous. She, however rallied from this, her pulse came up and her temperature diminished till it became lower than it had been before the operation. She appeared to be doing well up to the third day when suddenly she began to fail, and died in a short time. Dr. Fulton made an autopsy and found large heart clots entirely occluding the left ventricle.

Prof. Doughty's Clinic.

CASE 1.—John Welch, aged thirty. One year ago had Gonorrhœa, which was cured in three weeks. Eight months since contracted a chancre, which disappeared four months ago. Only an indefinite history of the incubation of this sore can be obtained. He now complains of an eruption over the entire trunk. On removing his clothing we find scattered irregularly over the surface a deep pinkish-red eruption, which, as I press my hand on it, shows decided elevation. Examining any one of these spots we find it is papular, about one-sixteenth to one-eighth of an inch in diameter, hard and rounded, and feels like a shot under the skin. The color, as mentioned, is of a deep pinkish-red, which does not wholly disappear on pressure, but changes to a brownish or coppery hue. Around some of

the spots is a little whitish rim, like a collarette, formed of dead epithelial scales. Sometimes these scales are found on the surface of the papule, giving it somewhat the appearance of Psoriasis.

Papular syphiloderma is generally an early eruptive form of constitutional syphilis. Indeed, it may be the first cutaneous manifestation presented. Another form, called roseola, which is a macular eruption in a great number of cases, is the first eruptive form, and the papular, as in the case before us, follows it, or is coincident with it, so that not infrequently we find both are present at once in the same patients.

The papular eruption presents itself under two forms—conical or miliary, and the lenticular or flat.

This form can again be divided into large and small; and the patient before us presents an example of the small variety. The papulæ vary in size from a pin's head to two or three times that size, and while they may come over the entire body, are particularly prone to develop on the forehead, nose and chin. The second or larger form have a diameter of from one-eighth to one-fourth of an inch, and are raised a line or two above the surface.

They may be flat, round or oval, and their favorite seat is the back of the neck, shoulders, sides of the thorax, hypogastric region, and margin of the hairy scalp. The large lenticular variety resembles those just described, but may attain half an inch or even a full inch in diameter. The collarette may be very pronounced, and the surface of the papule more or less extensively covered with dead epithelium. Examining our patient more closely, we find upon the inner surface of the lower lip a spot of grayish-white appearance, nearly as large as a silver three-cent piece. It is one variety of the "mucous patch." Although the lesion bears no resemblance to the cutaneous eruption, still it is of the same nature; and "mucous patches," whether found in the mouth or around the mucous outlet, are really papulæ, changed in appearance according to their situation, as also by heat and moisture. Papulæ of the lenticular variety, developing about the anus or vulva, being

kept moist and warm, grow luxuriantly, and the surface being macerated, the epithelial layer is removed, and a raw, perhaps ulcerating surface results, constituting what are called condylomata, or, if occurring between the toes, rhagades. The secretion from these "mucous patches" is highly contagious, and if inoculated upon a broken surface on a person free from syphilis, will produce a chancre at the point of inoculation.

Without, at this time, going more extensively into this particular eruptive manifestation, we would call your attention to certain characteristics which seem to differentiate between specific and simple eruptions.

Syphilitic eruptions, as a rule, are circular in outline, as regards the eruptive element itself, and there is a marked tendency for the eruptive forms to arrange themselves in circles or segments of circles. Secondly, absence of prurigo is very marked, though in exceptional cases it may be present, and very pronounced. Polymorphism, or multiplicity of eruptive forms, is highly diagnostic, by which we mean the existence at the same time of maculæ, papulæ, vesicles, and prurigo. But be careful and not confound a given rash going through its various stages of development with the polymorphism of which we speak, in which each form of eruption has reached its full development.

In embarrassing cases, never fail to seek for concomitant evidences of constitutional syphilis.

In the case before us, we institute such interrogation, and find that the glands under the occiput are enlarged, also the one over the right mastoid process; and again along the upper posterior border of the sterno-mastoid muscle.

Now we examine the epitrochlear region, and here, too, we find on each arm an enlarged gland. These epitrochlear enlargements are by no means invariably found, but when present are quite characteristic of syphilitic infection.

Our patient tells us that he has in addition, sore throat, and that his hair is coming out—alopecia, as it is called; and thus we have a typical case of early secondary syphilis.

CASE II.—Angelo Tareola. We find on examination a sore on right side of penis, with a hard base, distinctly circumscribed. The surface is

smooth and shiny, and the secretion scanty and serous. There are indolent ganglionic enlargements in both groins. Moreover, we find on interrogation that a period of 15 days elapsed between his last intercourse and the development of the sore. We are thus enabled, according to previous explanation, to diagnose this as a hard chancre, or the initial lesion of syphilis.

We can safely say that without specific treatment constitutional symptoms will manifest themselves in from 8 to 12 weeks from the development of the sore. We would advise only local treatment, consisting of cleanliness and iodoform. Constitutional treatment to be given after development of general manifestations.

CASE III.—J. J. Harvey. He informs us that he has had a chronic discharge from the urethra for three years. It is slight and watery in appearance, though opaque at times, and aggravated by intercourse or stimulants. Such chronic discharges are by most authorities called gleet, though some try to draw a distinction between a chronic gonorrhœa and gleet, claiming that the latter is not aggravated by indiscretions in eating, or drinking, or by intercourse, while the former is aggravated by such excitement.

For ourselves, we prefer to embrace under the name gleet all chronic discharges when the secretion is slight. This patient has an œdematous prepuce, and at a point corresponding to the frænum, I find a small point of induration, movable in the surrounding tissues. It is the remains of a former folliculitis. Upon retracting the prepuce we find behind the corona, and to the left, a sore which he tells us has existed for a week, and that he observed it first the day following his last intercourse, and thinks it is a "hair cut." Upon investigation, we find the sore has an irregular outline—is the size of a large pea, with edges somewhat indurated, shading off into the surrounding tissues. It is not circumscribed. The edges of the sore are not sharp cut, but slope off toward the centre of the sore. Thus the surface is uneven, has a grayish appearance, and is secreting an illy-formed pus. He says it has not materially increased in size in the last five days. We diagnose it as an abrasion, with ulceration, the result of uncleanness. Why

is it not a chancroid? Because there was no incubation. It did not begin as a pustule, its edges are not sharply cut, that is, it lacks the pinched out appearance, and it has not shown a destructive tendency.

Such abrasions may, however, so closely resemble a chancroid from irritation and uncleanness, that the so-called characteristic features of a chancroid will be presented, even including autoinoculability, that it will be impossible to make a positive diagnosis until the irritation has been removed by soothing applications and cleanliness; for it is claimed that were all the chancroids in the world obliterated, the disease could be started by irritating a simple ulcer and keeping it foul. We find, moreover, that this patient has an enlarged gland in the right groin, which is somewhat painful and tender. It is a sympathetic bubo.

CASE IV.—Boy twelve years old. He is brought in under influence of ether. He has congenital phimosis. We find great reduncancy of prepuce, and upon endeavoring to retract it, discover that the preputial orifice is only large enough to admit a fine probe. We cannot insinuate the probe between the glans and prepuce, and diagnose adhesions. I grasp the foreskin between my thumb and finger at a point about midway between the corona, and where I suppose the meatus to be, and drawing it forward, seize it between the blades of a pair of dissecting forceps, having a spring catch, applying them at an angle of about 30°, and while my assistant holds the extremity of the prepuce, I remove all the parts anterior to the forceps by one cut of the scissors. The forceps are removed, the integument of the penis retracts, and leaves exposed a raw surface, corresponding to the glans penis. It is the mucous lining of the prepuce, which must be cut up in the median line to the corona, and the lateral flaps trimmed off, leaving about one-eighth of an inch.

I now try to carry a director through the preputial orifice, and beneath the mucous lining, so as to slit it up, but it fails to enter on account of adhesions. These I proceed to break up with a director, and find them exceedingly tough, requiring a great deal of force. Gradually, how-

ever, the glans penis is enucleated, and now I can introduce the point of a pair of scissors and enlarge the preputial orifice, breaking up adhesions, and slitting back the membrane, until I reach the fossa behind the corona. I find this lining membrane greatly hypertrophied, being fully one-sixteenth of an inch in thickness. I now trim off the flaps, and ligate the frœnal artery, and tie spurting points on the dorsum. I always prefer to tie points that bleed freely, even if there is no arterial jet, for the cat-gut ligatures, if cut short, do not interfere with union, and prevent any secondary hæmorrhage, which is exceedingly embarrassing under any circumstances, and particularly in young children.

I now bring the muco-cutaneous surfaces together by points of interrupted suture, the first being on the frænum, the second on the dorsum, and the others between these points, as many as may be needed. We complete the dressing by wrapping the parts in a thin linen rag, covered with calendulated vaseline. The stitches will not require removal, for we take them superficially with very fine silk and tie tightly, and let them cut their way out, which they will do in three or four days.

For obvious reasons we regard this as particularly desirable in babies and young children.

Pædiology.

DURING the past week the following cases have been under treatment by members of the Senior Class:

Bronchitis, by O. G. Hunt and C. E. Putnam.

Follicular tonsilitis, by E. E. Keeler and J. H. Hallock.

Meningitis, by J. A. Stutz and J. W. Telford.

Puerile fever, by F. H. Munro and W. P. Wentworth.

Four cases of whooping cough, by W. L. Bartholomew.

Sanguineous cyst of the scalp, by P. G. Smoot.

Dr. Houghton's Clinic.

THE following cases were seen in Dr. Houghton's Clinic by sections of four students from the Senior Class :

November 23. Four cases of chronic catarrhal otitis media.

November 30. Two cases chronic suppurative otitis media and a case of diffuse otitis externa.

December 2. Three cases chronic catarrhal otitis media. Acute catarrhal otitis media. Chronic suppurative otitis media. Neuralgia otalgia.

December 4. Chronic suppurative otitis media. Three cases of chronic catarrhal otitis media. Circumscribed otitis externa. Auricular eczema. Intertrigo.

December 7. Four cases chronic suppurative otitis media. Five cases chronic catarrhal otitis media.

December 9. Four cases chronic catarrhal otitis media. Two cases impacted cerumen. Otitis externa, with swollen auricle and face.

December 11. Case of neuralgic otalgia, due to decayed teeth.

Militant Homœopathy.

[From "Homœopathic World."]

DR. QUAIN having alluded to homœopathy in his Harveian Oration, and having misrepresented our doctrines and practice in the usual manner, Dr. Dudgeon addressed a letter to the editor of the *Medical Press and Circular*, in which the oration was published, to set its readers right. The editor had the courage to insert Dr. Dudgeon's letter, which we will now quote without further comment :

"THE HARVEIAN ORATION.

"To the Editor of the *Medical Press and Circular* :

"SIR—I read with great pleasure Dr. Quain's eloquent address at the Royal College of Physicians in your last issue. Dr. Quain is a learned and experienced physician, and is acquainted with all the medical doctrines and methods of past times which he tersely, and more or less correctly, describes in his oration. But if what he says respecting homœopathy conveys accurately his knowledge of that system, I must say that he is not so well acquainted

with the medical doctrines, or at least with a medical doctrine, of the present time. He says: 'Homœopathy, which teaches that symptoms constitute the disease, and are to be treated by remedial agents which produce like symptoms, but the potency of which is increased in proportion to their dilution. In attempting to be epigrammatic Dr. Quain has missed being accurate. Homœopathy does not teach that symptoms constitute the disease. It teaches that diseases reveal themselves by symptoms, that all the symptoms, objective and subjective, which we can observe in the patient, make up together the picture of the disease, and are the features, as it were, whereby we recognize the disease. It would be nearer the truth to say that allopathy, or orthodox medicine, teaches that the symptoms constitute the disease, or even that one symptom constitutes the disease, as the high temperature in fever; for does not Dr. Quain's boasted treatment by antipyretics imply that the single symptom of heightened temperature constitutes the disease, and is alone to be regarded in treatment?

"Dr. Quain is right in saying that homœopathy teaches that diseases 'are to be treated by remedial agents which produce like symptoms;' he should have added 'in the healthy. The medicine to be homœopathic to the disease should be capable of producing in the healthy an *ensemble* of symptoms corresponding to the morbid picture offered by the symptoms of the disease to be treated. This is very different from the treatment of one symptom, such as increased temperature, sleeplessness, or pain, so much in vogue in the orthodox school, with its antipyretics, hypnotics, anesthetics and analgesics, to which, along with antiseptics, Dr. Quain triumphantly points in proof of the progress of therapeutics. He seems to claim for scientific medicine the credit of staying the rinderpest, but as that was only effected by the slaughter of every animal that was infected or had been exposed to infection, at a cost to the country of upwards of £3,000,000, it can hardly be regarded as a triumph of therapeutics, and is a mode of treatment hardly applicable to human beings.

"Homœopathy does not teach 'that the potency of remedies is increased in proportion to their dilution.' Homœopathy gives its remedies in small doses, because experience teaches that, when the remedy is homœopathic to the disease, its curative action is best developed when the dose is not large enough to cause collateral pathogenic effects. The partisans of the orthodox school, when they prescribe medicines homœopathically, have found by experience that they must give them in much smaller doses than the ordinary official ones. Thus Ringer recommends minute doses of ipecacuanha in vomiting, of cantharides in Bright's disease, of corrosive sublimate in dysentery, and so on.

"That the health of the population has increased and the mortality has diminished during the last forty years, is an undoubted and satisfactory fact, but this improvement cannot be attributed to any appreciable progress of ortho-

dox therapeutics; it is chiefly due to improved sanitation, and partly also to the abandonment by the profession generally of faulty and pernicious methods, such as bleeding, mercurial salivation, drastic purgatives, and other 'heroic' methods, which were in full swing when Hahnemann wrote, and for denouncing which he was prosecuted and abused by the dominant school, which has since, by its cessation from these practices, tacitly admitted that Hahnemann was right in inveighing against them.

"Dr. Quain concludes with a prophecy of the great future that awaits the medical art. Similar prophecies have been frequently made in almost all ages, but more frequently during the last score or so of years, but hitherto they have never been accomplished. Medicine, like man, 'never *is*, but always *to be* blest.' It is about time that medicine should cease to pose as the Johanna Southcote of the sciences, boasting that it is pregnant with some saviour of sick humanity, which somehow never gets born.

"I am, etc.,

"R. E. DUDGEON, M.D."

"53 Montagu Square, W.,
October 23d."

[For THE CHIRONIAN.]

*The Modern "A. B. A."**

GOOD Doctor Progress, when napping at ease,
Awakened one day from a dream of fees,
To behold in his chair a figure who wrote
On a leaden scroll, as if taking note
Of men or of thought. His wondrous success,
Had given him courage as well as address.
"What writest thou?" To the specter he said.
It raised its face; a skeleton dread;
The rusty scalpel it used for a pen,
E'en shook in its grip as it answered then.

"The names of those doctors whose deeds confess,
They know not the meaning of truest success."

"My name can't be there," quoth our learned friend,
"The autopsies ever in my work lend
Their aid to discover the cause of death,
This fact each certificate duly saith."

The visitor turned in the pivot chair,
And suddenly vanished into thin air.
But the doctor saw, one night in a dream,
That same lead scroll in a blood-red gleam;
And picture the rage that swelled in his breast!
As he saw his name leading all the rest.

—A, "67."

* See THE CHIRONIAN for Oct. 28, '85, Page 15.

An Oxygen Exposé.

TO THE MEDICAL PROFESSION:

I AM much interested in the subject, Oxygen, as a remedial agent, and to it am devoting study, theoretical and practical, as, I have reason to believe, are many medical men. Many of our cities have oxygen specialists, who are doing good in the world. It is but natural that impostors or ignorant pretenders should invade this important branch of medical work, just as they do all other branches. This letter is for the purpose of exposing one such swindle on the profession and the public—whether perpetrated through ignorance, or viciousness, or neither, or both, I am not prepared to say, as, indeed, it is not necessary to specify; your medico-legal minds may adjudicate the matter to your individual satisfaction.

Early last summer Dr. Amos L. Lennard came to this city, rented an office, and began business as an oxygen specialist, advertising his treatment in the daily papers. About the same time other parties established a so-called "oxygen parlor," and in a few months Dr. Lennard evidently found that the field was not large enough for two. As he knew of my interest in the subject, he offered to sell me his whole outfit, especially as he had "just received an appointment as Medical Examiner in the Pension Bureau at Washington," and was about to leave this city to accept the position, and, consequently, had no use for the oxygen apparatus. The price asked was \$200, and finally came down to \$100. I have long been anxious to know how I can furnish patients with oxygen in a bottle for home use in an inhaler, and to know what combination of chemicals will do the work. I know of but one such solution (*vide* my article in *Chicago Medical Era*, July, 1885, p. 10), but it is rather too expensive for free use. Dr. Lennard was positive that he had the Starkey & Palen formulas (obtained from their discharged drunken chemist, Scott, by name), for "office treatment" and "home treatment," and had tested them for several years with satisfaction to all concerned. So, feeling that I could not lose much on the plant, anyway, I bought the formulas, and the

whole apparatus for manufacturing, storing and administering the oxygen treatment on quite a large scale, and the doctor assisted at its installment in one of my office rooms. When I had seen the formulas, I said, "In what is this office treatment different from laughing gas?" and he said, "Why, they are not at all alike." I then took down a work on chemistry and showed the doctor his mistake, and he had nothing to say, and left the city the next day. It is needless, perhaps, to say that I have repudiated the "treatments," and fallen back upon my own resources—our standard chemistry and medical authors—for information.

The following are the formulas as given by Lennard :

"COMP. OXYGEN TREATMENT.

R

Nitrate Ammonia . . . 25 parts.
Carbmate Ferri . . . 1 part.

Mix. Put in Retort, apply gentle heat, till whole Compound becomes to a boiling heat, then add heat gradually, and conduct Oxygen to the Tank.

HOME TREATMENT OF OXYGEN.

R

Nitrate Ammonia . . . 1 ounce.
Chlorate Potassa . . . 1 dram.
Alcohol 2 ounces.
Aqua Distilled . . . 14 ounces.

Mix. one teaspoonful to Inhaler full of hot water. Inhale two or three times day."

As to the above "office treatment," a glance at the formula shows it to be nothing but "laughing gas." The carbonate of iron is simply a blind, skilful or bungling, as the case may seem ; in other words, to give color to the chemicals and to the boiling liquid, and thus render them less easy of recognition. It does not modify the ultimate product. (Not entirely satisfied with my own conviction on this point of modification, I have consulted two chemists, both professors of chemistry in medical colleges, one here and one in Chicago, and each say that I am right.) Dr. Lennard's office oxygen treat-

ment is nothing but laughing gas, and an impure article of that, as his gas passed through three wash-bottles, containing nothing but water. As nitrate of ammonia sometimes has muriate of ammonia in it, the very injurious and highly dangerous chlorine may be evolved, so one wash-bottle should contain caustic potassa or soda to corral the chlorine. Too great heat may drive over nitric oxide, or even nitric acid, even more dangerous than chlorine, so one wash-bottle should have ferrous sulphate to stop them.

Another little fact in relation to the doctor's formula, evidently far beyond his kemikal ken, but of little importance in this connection, is that, practically there is no such thing as "Carbmate Ferri," for carbonate of iron almost at once changes to oxide of iron.

Pure nitrogen protoxide, nitrous oxide, dephlogistigated nitrous gas, paradise, or laughing gas, is $36\frac{1}{2}$ per cent. oxygen, has a *sweetish taste*, and three or four very deep inhalations will sometimes be enough to produce anæsthesia. In Woodman and Tidy, 1877, p. 489, we read : "It is to be remembered that nitrous oxide can not act as a substitute for oxygen, and that undiluted it acts speedily as a poison."

Oxygen is *tasteless*, and may be respired a little while without causing uneasiness. I mention this partial comparison for the benefit of the Champaign Suckers, in case they wish to more critically investigate their local gasometer.

As to the "home treatment," it seems almost needless to say that oxygen can be evolved that way. About all the evolving that is done is to evolve \$10 a treatment from the pockets of deluded victims.

According to Dr. Lennard's statement, he has sold out once in Iowa, once in Michigan, once in Illinois, and now I report once in Indiana. If I have been "nipped," I am not ashamed to own it. I should like to buy up every "Oxygen Treatment" in the land, and, if it was not meritorious, to expose it, but I fear the labor would be herculean. Will not those physicians who have had experience along this line come out from the shadow of personal discomfiture and contribute their mite, and thus make "snide" oxygen-treatment formulas so common

that there will be no sale for them, in the profession or out of it, and thus raise a perfect wall of protection. About the only protection now is to have nothing to do with any of them, but this plan has its objections, in that we would lose the grain of good wheat in the bushel of chaff. Oxygen has its uses and a future, and it has been truly said by Dr. Wallian, "A cheap supply of oxygen would be more valuable to the world than the discovery of a score of silver mines."

WM. B. CLARKE, M.D.

Indianapolis, Ind., Oct. 15, 1885.

The Cork Leg.

I 'LL tell you a tale without any sham ;
It is about Mynheer Von Clam,
Who every morning said I am
The richest merchant in Rotterdam.

One day he had stuffed as full as an egg,
When a poor relation came to beg ;
But he kicked him out without broaching a keg,
And in kicking him out he broke his leg.

A surgeon, the first in his vocation,
Came and made a long oration,
He wanted a limb for anatomization,
So he finished the job by amputation.

Said Mynheer, when he had done his work,
"By your knife I loose one fork,
But on two crutches I never will stalk,
For I'll have a beautiful leg of cork."

An artist in Rotterdam 'twould seem,
Had made cork legs his study and theme ;
Each joint was as strong as an iron beam,
And the strings were a compound of clock-work and steam.

The leg was made and fitted right,
Inspection the artist did invite.
Its fine shape and beauty gave Mynheer delight,
As he fitted it on and screwed it tight.

He walked through squares and past each shop,
Of speed he went at the utmost top,
He went with a bound, a skip and a hop,
Till he found that his leg he couldn't stop.

Horror and fright were in his face,
The neighbors thought he was running a race,
He clung to a post to stay his pace,
But the leg, with the post, kept on in the chase.

He called to some men with all his might,
"Oh ! stop this leg or I'm murdered quite !"
But though they heard him aid invite,
He, in less than a minute, was out of sight.

He walked through valley, o'er hill and plain,
To ease his weary bones he'd fain.
He threw himself down, but all in vain ;
The leg got up and walked off again.

Of days and nights he'd walk'd a score,
Of Europe he had made the tour,
He died ; but though he was no more,
The leg walked on the same as before.

In Holland there sometimes comes in sight,
A skeleton on a cork leg tight.
No cash did the artist's skill requite,
He never was paid—and it served him right.

My tale I've told both fair and free,
Of the richest merchant that could be,
Who never was buried—though dead, ye see,
I've just been telling his L. E. G., (elegy.)

Book Notices.

Epithelioma of the Mouth. By H. I. OSTROM, M.D.
New York : A. L. Chatterton Company. pp. 120.

THIS monograph does credit both to author and publisher. In small compass Dr. Ostrom has arranged a large amount of valuable information, and arranged it in such a way that it may be utilized. He occupies the first twenty-seven pages with a discussion on the epithelium of the mouth. The remainder of the book treats of epithelioma. While a firm believer in the knife, yet the value of other methods of treatment is admitted. The volume is very excellently bound, and is a pleasure to read.

A Treatise on the Breast and its Surgical Disorders. By H. I. OSTROM, M.D. Second Edition. New York : A. L. Chatterton Company. \$3. pp. 377.

IN preparing the second edition for the press, some important changes have been made in the text. The principal changes, however, relate to the ætiology of neoplasms, and the theory advanced has led to changes in their classification, and in some instances in their nomenclature. Dr. Ostrom treats of his subject exhaustively,

and his work takes high rank among general medical literature. He discusses the anatomy and histology of glands in general, the evolution and development of the human mammary gland, abnormalities of development, then diseases which affect the heart, and finally therapeutics and a repertory. Like all the books published by A. L. Chatterton Company, the work is well bound.

Transactions of the Thirty-eighth Session of the American Institute of Homœopathy. Forty-second anniversary, held at St. Louis, Mo., June 2-5, 1885.

TO most of the members of the American Institute this should prove a welcome volume. Handsomely bound in cloth and containing much interesting matter between its covers, it is a credit to the Institute and a benefit to the profession. Not only from the interest inherent in the subject, but from the scientific acquirements and fair-mindedness of the author, the President's address is beyond all doubt the most important contribution to the volume. "With malice toward none and charity for all," he discussed burning questions with judicial impartiality and calmness. Some notable statements are made by Dr. Allen in this address, but we will not quote, for it must be read as a whole. It should be in the hands of every homœopathic physician. Other matters of interest are the Report on *Materia Medica* and the Report of Committee on Drug Proving. The Bureau of Surgery presented a single paper as its report. Subject: Diseases of Testicle. The report was of special value, as might have been expected, when Prof. Helmuth was Chairman of the Committee. Many other interesting articles are contained in the volume, and its perusal will prove profitable.

Exchanges.

WE acknowledge the receipt of the following exchanges:

The Cornell Review, The American Homœopathist, The Regular Physician, The Rutgers Targum, The Medical Visitor, The Homœopathic Journal of Obstetrics, The Columbia Spectator.

Pamphlets Received.

HOUSEHOLD RECEIPT BOOK, Baby's Primer, Household Primer, Household Game Book. (D. Lothrop & Co., Boston, Mass.)

OBSERVATIONS Upon the Mutual Relation of the Medical Profession and the State. Address by Donald Maclean, M.D., President Michigan State Medical Society. Delivered June 10, 1885.

ABNORMAL Positions of the Head. By Edward Borck, A.M., M.D.

College Notes.

MERRY CHRISTMAS!

THE Holidays are none too long for the majority of our men.

"No, the hen is not a mammal although she has a tender breast."

THE skating rink still has its attractions for the frisky Freshmen. What a change from the dissecting room. Of course Seniors never go.

D. R. ATWELL, M.D., Poet of the class of '85, made us a pleasant call December 15th. He looks as though he was prospering in the far away city of Hoboken!

PROFESSOR: "Now, sir! can you tell me what is Synostosis?"

STUDENT: "Synostosis is—well—I think it is a kind of tumor under the toe-nail."

DR. J. B. GARRISON, '82, of 313 E. Seventy-second street, brought an interesting case of Hypospadias with two external opening of the urethra to the Surgical Clinic a short time since.

WE learn from the *Regular Physician* that Dr. J. T. O'Connor, formerly professor of chemistry and toxicology in our college, has consented to take the editorial chair of a new homœopathic journal, the *Homœopathic Record*.

THERE is a vast majority of mankind who show in their lives that they believe in the statement made by our professor of Pædology regarding the feeding of infants when he said that "a good bottle was better than a poor nurse."

DR. F. W. BEST, '85, now House Physician to the Five Points House of Industry, is pursuing a course of special study in the New York Ophthalmic Hospital. During his summer vacation his office was ably filled by J. H. Hallock, '86.

THE department of mental and nervous diseases in the dispensary, which has received such careful and faithful attention from Dr. Charles H. Dunning, will be henceforth in charge of Dr. M. M. Adams, on account of Dr. Dunning's resignation.

DR. C. N. PAYNE, '85, made his first call at college this year a short time since. The doctor is very much pleased with his situation in the Cumberland Street Hospital, of Brooklyn, and advises as many as possible to obtain a similar experience.

DR. A. J. BOND, '83, who has occupied the position of resident physician of the Brooklyn Homœopathic Hospital for the past sixteen months, has severed his connection with said institution, having purchased the practice of Dr. C. C. Ellis, of Nashua, N. H.

THE student who tried to convince a visiting M.D., who chanced to drop into the dissecting room, that the Sciatic nerve was really the Great Sciatic Ligament, has now got his part nearly cleaned, with the exception of the *os tinæ*, which is the only bone he cannot find.

DR. C. H. HELFRICH, '84, has dropped in several times lately for a few moments. He tells us that, with D. A. H. Hart, '84, he has located at 42 Grove street. Both have recently ended their appointment at the Ward's Island Hospital, where they have served for nearly two years.

PROF. DOWLING gave a most interesting lecture, December 8th, upon a case of fatty degeneration of the heart, seen very recently by the class at a general clinic at Ward's Island, the patient having since died, and a thorough post-mortem examination been made by Prof. Storm White.

WE hope that the very interesting and wholly practical clinics, to which our students have been invited by Prof. Houghton, will not close with his course on diseases of the ear. Few clinics

have the vast amount of material from which to select cases as is presented in the Ear Department of the New York Ophthalmic Hospital, and the opportunity is one to be prized.

CLASS politics have claimed the attention of the members of the Senior class for the past few days. Arguments wise and otherwise were brought to bear upon those "almost persuaded." It was thought that the important offices of valedictorian, poet, etc., should be decided upon before the holidays so as to give the men the additional time for preparation.

ANOTHER trip to Ward's Island was enjoyed by all the students December 16th, and a subsequent clinic, held by Professors Helmuth and Dowling. Never before has there been held a more interesting and practical clinic before our own men. The day was beautiful, the "Captain" cheerful, and everything combined to make the day a memorable one, being the last clinic before our vacation.

"HONOR to whom honor is due." The Middlemen and Juniors wish it so emphatically stated that the reader, although suffering with Binocular Amaurosis, will be impressed with the fact that when it comes to turkey they always take their part. And we are happy to state that from recent documentary evidence submitted to our inspection we find that that "gobbler" of Frank's was from the students of the New York Homœopathic Medical College instead of as stated in our last issue.

THE suggestion made in the last meeting of the Hahnemannian Society by one of the Seniors that there should be in the future less cushion throwing and more singing, was most apt. More vocal culture would not only result in a calmer frame of mind in our good janitor, but would in a short time lead to an organization of the best voices of all, irrespective of class, into a College Glee Club of which we would be justly proud. Then not only might our Hahnemannian Society be pleasantly entertained with music, which it has so sadly lacked, but on other and public occasions the effort of furnishing music would be materially lessened.

THE American Obstetrical Society, whose or-

ganization was mentioned in our last issue, held its first regular meeting at the New York Ophthalmic Hospital, on Thursday evening, December 10th. A varied and interesting programme was presented, a full account of which will be found in *Homœopathic Journal of Obstetrics*. The papers presented were as follows: "Fœtal Nutrition in the Mammalia," by Phillip Porter, M.D., Detroit, Michigan; "Craniotomy," by Prof. J. Nicholas Mitchell, M.D., Philadelphia, Pa.; "A Case of Abnormal Pregnancy," by James H. Ward, M.D., Brooklyn, N. Y.; "Placenta Prævia," by L. M. Kenyon, M.D., Buffalo, N. Y.; "The Obstetric Forceps, Its History and Present Status in Operative Midwifery," by Prof. Loomis L. Danforth, M.D., New York City, and "Abnormalities of Adhesion and Detachment of Placenta," by Geo. W. Winterburn, M.D., New York City.

Among the large number present we noticed: W. M. L. Fiske, President of the Alumni Association, and F. Mandevill, M.D., Vice-President; also E. Hasbrouck, M.D., of Brooklyn; Prof. G. W. Southwick, Boston; F. L. Vincent, M.D., Troy, N. Y.; Sophia Penfield, M.D., Danbury, Conn.; Prof. J. N. Mitchell, Philadelphia; C. A. Church, M.D., Passaic, N. J.; C. E. Van Cleef, of Ithaca, N. Y.; R. C. Moffat, M.D., of Brooklyn; E. Chapin, Brooklyn; W. C. Latimer, Brooklyn, and J. H. Thompson, M.D., J. L. Lilienthal, M.D., M. A. Brinkman, M.D., Amelia Wright, M.D., E. M. Schley, M.D., and many others of this city which we are obliged to omit.

Hahnemannian Society.

DECEMBER 9TH.

MEETING was called to order at 7:35, with President Smoot in the chair.

After the roll call the minutes of the last meeting were read and approved.

Mr. S. W. Hall, '86, read a paper on Psychology. A vote of thanks was tendered Mr. Hall.

The Quiz-masters, both of Senior and of Junior branches, were re-elected as a body.

The committee appointed at the last meeting to take suitable action in regard to the death of Mr. C. C. Hammond reported resolutions, which,

together with the suggestions of the committee, were adopted.

Treasurer Helmuth made the monthly financial report, and the same was accepted.

President Smoot appointed the following committees to make the necessary arrangements for the Society commencement:

Committee on Arrangements.—D. J. Roberts, G. T. Hawley, with Valedictorian, Prophet and Poet.

Committee on Music.—E. E. Keeler, W. H. Jones, E. M. Hatch.

Committee on Printing.—W. T. Hudson, J. W. Dowling, Jr., J. MacMillan.

Committee on Diplomas.—S. A. Stacy, S. H. Knight, G. W. McDowell.

Committee on Prof. Helmuth's Sunday Lecture.—W. L. Bartholomew, J. H. Hallock, W. U. Reynolds.

After the informal reading of the minutes the meeting adjourned.

G. T. HAWLEY, Secretary.

Marriages.

'EIGHTY-FOUR is still bound to be ahead. Its numbers still increase. This is the latest. In Brooklyn, November 10, 1885, occurred the marriage of Lizzie S., youngest daughter of Thomas Disbrow, Esq., to Dr. Geo. W. Bulmer, '84. On account of the very recent death of the doctor's mother, the wedding was a private one. The happy couple took the evening train for Philadelphia and made an extended tour through the south before their return. The doctor is now located at 145 North Oxford street, Brooklyn.

Deaths.

WE would chronicle the death of George A., Terhune, M.D., a graduate of the New York Homœopathic Medical College in 1875, who died June 14, 1885, at his father's residence No. 331 West Twenty-fourth street, in the thirty-second year of his age.